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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Jermaine William Villines

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Philadelphia Prison System,
Philadelphia Industrial
Correctional Center.

Warden John Doe
Deputy Warden John Doe
Sgt. M. Byard III
C/O Decker

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Jermaine Villines

ID #

FN 9009

Current Institution

~~S.C.I., Graterford~~ S.C.I. Hartzdale

Address

P.O. Box 244

P.O. BOX 1000

~~Graterford, PA, 19426-0244~~ Hartzdale, PA, 16698-1000

RECEIVED

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COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No
(check one)

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Sgt. M. Byard III Shield # _____
 Where Currently Employed Philadelphia Industrial
 Address Correctional Center 8301 State Road
Philadelphia, PA, 19136

Defendant No. 2

Name Warden John Doe Shield # _____
 Where Currently Employed Philadelphia Industrial Correctional Center
 Address 8301 State Road
Philadelphia, PA, 19136

Defendant No. 3

Name Deputy Warden John Doe Shield # _____
 Where Currently Employed Philadelphia Industrial Correctional Center
 Address 8301 State Road
Philadelphia PA, 19136

Defendant No. 4

Name Co Decker Shield # _____
 Where Currently Employed Philadelphia Industrial Correctional Center
 Address 8301 State Road
Philadelphia, PA, 19136

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? Philadelphia
Industrial Correctional Center
- B. Where in the institution did the events giving rise to your claim(s) occur? _____
Housing Unit G-1 recreational yard
- C. What date and approximate time did the events giving rise to your claim(s) occur? _____
3-16-2011 about 5:00 pm

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: On March 16, 2011 I was in Philadelphia Industrial Correctional Center. I was housed on Unit 6-1. At about 4:30pm Sgt Byard opened the 6-1 recreation yard. Inmates where pat searched one by one before entering the yard. While I was in the yard another inmate asked me my name I told him, & then he pulled out a home-made knife & tried to stab me. I ran to the door which leads back into 6-1 & the inmate stabbed me in my back while I was banging on the door trying to get the Glas to open it. The inmate had me cornered so I turned around and put my hands in the air to try to block his attack. He stabbed me twice in my hand and a few times in my arm and shoulder. When C/o Decker & Sgt Byard finally came into the yard the inmate ran and threw the knife over the yard gate. The Glas handcuffed him, then handcuffed me & took me to medical. From there I was taken to Frankford Torresdale Hospital. until I was released at about 2:30am

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I sustained multiple stab wounds about seven or more. I did about 8 hours in the emergency room receiving different medical treatment. I had to take a couple different antibiotics to keep away infections, and a couple different pain relievers. I have constant nightmares about this incident & often wake up in cold sweats. I had severe pain in my left hand arm shoulder, & back for about 6 weeks or more.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

Exhibit A.

Lock&Track
INMATE MISCONDUCT

Case Number: J11001562 Type: CRITICAL

Inmate: VILLINES, JERMAINE
Intake: 1000665 PID: 917130

Occurred: 03/16/2011 20:30 Location: G1 unit rec yard
Served: By:

Charges: ASSAULT, VIORULE, DISTURB, FIGHTINJRY

REPORT

Summary: Inmates involved in a physical altercation (stabbing)«»
Narrative:On Wednesday, March 16, 2011 I Sgt M. Byard III was assigned to the post of G1 unit officer as well as my partner C/O Decker. At approx. 5:00pm, my partner and I witnessed inmate Kevin Bates pp#959117 and Jermaine Villines pp#917130 involved in a physical altercation in the units recreational yard. I witnessed inmate Bates striking inmate Villines on his hands in a stabbing motion. It was then that I banged on the units window and notified the Aux#3 C/O that there was a disturbance in the yard. My partner and I responded to the yard. We ordered both inmates to cease their actions. Both inmates complied. It was then that I witnessed inmate Bates throw what appeared to be a prison made weapon (whack) over the yard gate into the adjacent field. Inmate Villines sustained what appeared to be a puncture wound on his left thumb. Sgt Diaz responded to the unit and both inmates were taken to medical to be evaluated.

Names of C/O and Supervisors:Sgt M. Byard III, C/O Decker and Sgt Diaz

OFFENDER	DATE	
OFFICER	ID	SHIFT
SUPERVISOR	DATE	

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Philadelphia Industrial Correctional Center.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

In the Philadelphia Industrial Correctional Center
Grievances are not available to inmates unless you ask a C/O or other
STAFF member for a grievance. Everytime I asked for
a grievance the C/O would tell me they didnt have any at the time.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

C/O Stevenson, C/O Williams, C/O Widell
& Sgt. Thompson all told me (at different times) They
didnt have any grievances at the time but would
get me one. But they never did.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

I am seeking Fifty Thousand dollars
for the physical and mental pain I suffered
due to this incident. I was in the custody of
the Philadelphia Prison System and the Philadelphia
Industrial Correctional Center. Therefore they are
responsible for allowing me to go through

such a painful and traumatizing event.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

On
these
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ✓

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16th day of June, 2011.

Signature of Plaintiff

Jermame Villines

Inmate Number

FA9009

Institution Address

~~No. Box 244~~ / P.O. Box 1000
~~Graduate, PA 15116-0244~~
Holtzdale, PA, 16698-1000

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 16th day of June, 2011, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: 